UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	Form A For use by Members, officers, and employees	HAND ^{Page 1 of 5} DELIVERED
	e Telephone: 225 3806	2010 MAY 13 AM 9: 22 OFFICE OF THE CLERK (Office Use Only)
Filer Status Member of the U.S. State: TOVA House of Representatives District: 3 Office Employment Type Annual (May 17, 2010)		A \$200 penalty shall be assessed against anyone who files more than 30 days late.
PRELIMINARY INFORMATION — ANSWER EACH OF THE	SE QUESTIONS	
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. No	VI. Did you, your spouse, or a dependent chik reportable gift in the reporting period (i.e., agg than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	d receive any pregating more Yes No
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent chill reportable travel or reimbursements for travel period (worth more than \$335 from one source If yes, complete and attach Schedule VII.	in the reporting
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on of filing in the current calendar year? If yes, complete and attach Schedule VIII.	or before the date Yes No No
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or with an outside entity? If yes, complete and attach Schedule IX.	arrangement Yes No No
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No If yes, complete and attach Schedule V.	Each question in this part appropriate schedule attache	ed for each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFO	RMATION — ANSWER <u>EACH</u> C	OF THESE QUESTIONS
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standa be disclosed. Have you excluded from this report details of such a trust benefiting you, your	rds of Official Conduct and certain other "excepted" spouse, or dependent child?	d trusts" need not Yes No
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, trathey meet all three tests for exemption? Do not answer "yes" unless you have first consulted	ansactions, or liabilities of a spouse or dependent d with the Committee on Standards of Official Cor	child because aduct. Yes No

Name Loonard L. Boswell P	Page 2 of 5
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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	Source	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000
Examples:	State of Maryland	Legislative Pension	\$9,000
Examples.	Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Salary	NA
Ly	aceland University	Spouse Salary	244.80
Cen	aceland University Itral Decatur Community School Amoni Community School ate of IONA	Spouse Salary Spouse Salary Spouse Salary Lagislative Pension	90,0
Lo	moni Community School	Spouse Sabry	905,70
St	ate of IONA	Lagislative Pension	8865.16
			,
<u>.</u>			

A = = A = = = A / = = A / = = A / = = A / = = A / = A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
ldentify (a) each asset held for investment or production of income with a fair market valu		Check all columns that apply. For	For retirement plans or accounts that do	Indicate if the
exceeding \$1,000 at the end of the reporting per	reporting year. If you use a valuation	retirement plans or accounts that do not allow you to choose specific	not allow you to choose specific invest- ments, you may write "NA" for income.	asset had
od, and (b) any other asset or sources of incom which generated more than \$200 in "unearned	<u>.</u> •	investments, you may write "NA." For	For all other assets, including all IRAs.	purchases (P),
income during the year. For rental property of	please specify the method used.	all other assets <i>including all IRAs</i> , indicate the type of income by check-	indicate the category of income by checking the appropriate box below.	sales (S), or
and, provide a complete address. Provide fu	If an accetive a cold decimal the manager of	ing the appropriate box below.	Dividends and interest, even if rein-	exchanges (E)
names of stocks and mutual funds (do not us ticker symbols). For <i>all IRAs</i> and other retiremen	7 	Dividends and interest, even if rein-	vested, should be listed as income.	exceeding
plans (such as 401(k) plans) that are self directe	generated income the value should be	vested, should be listed as income. Check "None" if asset did not gener-	Check "None" if no income was earned or generated.	\$1,000 in
(i.e., plans in which you have the power, even not exercised, to select the specific investments	/	ate any income during calendar year.	o. gonoratoa.	
provide the value and income information o		9/65/66 (F/65/66)		reporting year.
each asset in the account that exceeds th				If only a
eporting threshold. For retirement plans that ar		Farm income)	I II III IV V VI VII VIII IX X XI	portion of an
account and its value at the end of the reporting		<u> </u>		
period. For an active business that is not public		аш		asset is sold,
raded, state the name of the business, the natur of its activities, and its geographic location i		5		please indicate
Block A. For additional information, see th		NONE DIVIDENDS RENT RENT CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income Specify: For Example, Partnership Income		as follows:
nstruction booklet.		<u> 100</u>		(S) (partial)
Exclude: Your personal residence(s) (unles		dirtis		See below for
here is rental income); any debt owed to you b your spouse, or by you or your spouse's child		ne in the interval in the inte		example.
parent, or sibling; any deposits totalling \$5,000 c		Par B	0000	
ess in personal savings accounts; and any finar	000 000 0000 00,000 500,000 550,000,000 \$25,000,000 \$25,000,000	9 co 9	000000000000000000000000000000000000000	_
cial interest in or income derived from U.S Government retirement programs.	. \$15,000 - \$15,000 - \$100,000 - \$100,000 1 - \$250,000 1 - \$1,000,00 01 - \$5,000 001 - \$5,000 000 - \$50,00	INS INS	\$1,000 - \$2,500 - \$5,000 - \$15,000 1 - \$50,000 1 - \$1,000,000 001 - \$5,000,000	Р,
f you so choose, you may indicate that an asse	6 81,000 01 – \$16 001 – \$1 001 – 9 00,001 – 9 00,001 – 9 00,001 – 9 850,001	S T T G S S S S S S S S S S S S S S S S		S,
or income source is that of your spouse (SP) of	one ,001 - \$1,00 ,001 - \$6,001 - 00,001 - 00,001 - 00,0001 - 00,0001 - 00,0001 - 00,0001 - 00,0001 - 5,000,000	A L	\$200 -\$1, -\$1, -\$1-\$ 11-\$ 101- 001- (001- \$5,00	E
dependent child (DC) or is jointly held (JT), in the	None \$1.001 - \$15,000 \$1,001 - \$15,000 \$15,001 - \$15,000 \$50,001 - \$100,000 \$250,001 - \$500,000 \$250,001 - \$500,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partners)	21 - \$2 0001 - 0001 0001 0000 0000 0000	
optional column on the far left.	\$25, \$31, \$31, \$31, \$31, \$31, \$31, \$31, \$31		\$1 - \$200 \$201 - \$1,000 \$2,501 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$1,000,000	
P, SP Mega Corp. Stock		XXX		C (newtice)
C, Examples. Simon & Schuster	Indefinite	Royalties		S (partial)
T 1st Bank of Paducah, KY Accounts	X	X		
Agriculture land 475 Kros New Buda/Barrell Township, Co. 7				
New Buda Barrell Township, co. I	A A	I NA	MA	
Farm Equipement			(()	
		NA		
Breeding Stock (Cattle)		A A A Lues		
<u> </u>		Sale of calves		
- Lyrix Co. (Cellulur Towar)				
' '				1
				1
* Don't know wales	Test over the A			
For additional assets an	Tacier class + belong to me) i unearned income, use next page.	+ lease them space	- Er their Tower loc	ECTION

SCHEDULE IV— TRANSACTIONS

Name Leonard L. Boswell

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Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that	of Tr	Type of Transaction Date Amount of Transaction						Trans	ansaction						
resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	PURCHASE	SALE	EXCHANGE	Check Box if Capital Gain Exceeded \$200	(MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	\$1,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000 U	E	F	G	\$1,000,001- \$5,000,000	I	\$25,000,001- \$50,000,000	Over \$50,000,000
SP, DC, JT Asset												7			
SP Example: Mega Coporation Common Stock (partial sale)	\$	Х			10–12–09		X								
Sale of calves		X			11-08-09			Х							
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SCHEDULE V- LIABILITIES

Name Leonard L. Boswell

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Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

										****		Am	ount (of Liab	oility			
SP, DC,		C	reditor		į		Type of Liability	y	· B	C	D ±2	F 6	F	G 00	H :00	-100 -000,	J 58	K 000
JT		-							\$10,001	\$15,001-	\$50,001-	\$100,00	\$250,001-	\$500,001- \$1,000,000	\$1,000,001 \$5,000,000	\$5,000,001- \$25,000,000	\$25,000 \$50,000	Over \$50,000,000
	Example:	First Bank of Wilr	mington, Del	aware		Mortgage	on 123 Main St., D	over, Del.				Х						
	Breat	Mestern	Bauk	, Leon I	A	Farm	Operation	ng loan		X								
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SCHEDULE VI - GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	Value
		(ectes) matter on personal menuship received from Committee on Standards)	\$345
			
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